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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Mongolia

Proposed UNFPA assistance:	$9.3 million, $6.0 million from regular resources and $3.3 million from multi-bilateral and/or regular resources
Programme period:	5 years (1997-2001)
Cycle of assistance:	Second
Category per decision 96/15:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	4.5	2.8	7.3
Population & development strategies	1.0	0.3	1.3
Advocacy	0.5	0.2	0.7
Total	6.0	3.3	9.3

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MONGOLIA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	99.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	53.0	≥55
Access to basic health services (%)[3]	95.0	≥60
Infant mortality rate (/1000)[4]	60.0	≤50
Maternal mortality rate (/100,000)[5]	200.0	≤100
Gross female enrolment rate at primary level (%)[6]	64.1	≥75
Adult female literacy rate(%)[7]	74.8	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	2,410	Annual population growth rate (%)	2.0
Population in year 2000 (000)	2,661	Urban	2.9
Sex ratio (/100 females)	101.7	Rural	0.4
Per cent urban	60.9	Crude birth rate (/1000)	26.5
Age distribution (%)		Crude death rate (/1000)	6.7
Ages 0-14	38.0	Net migration rate (/1000)	0.0
Youth (15-24)	20.6	Total fertility rate (woman)	3.27
Ages 60+	5.5	Life expectancy at birth (years)	
Percentage of women aged 15-49	50.5	Males	64.4
Median age (years)	20.6	Females	67.3
Population density (/sq. km.)	2	Both sexes	65.8
		GNP per capita (U.S. dollars, 1994)	340

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

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1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2001 to assist the Government of Mongolia in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $9.3 million, of which $6 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $3.3 million balance from multi-bilateral and/or regular resources, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's second programme of assistance to Mongolia.

2. The programme, which was designed in close consultation with the Mongolian Government, also had input from province (aimag), district (soum) and village (bagh) representatives; academic, health and non-governmental sectors; United Nations agencies and bilateral donors. The programme takes into account the overall national development "concept", as well as national policies, plans and programmes on population, health, women and poverty alleviation. The national population and development report prepared for the International Conference on Population and Development (ICPD), the recommendations of the May 1996 programme review and strategy development (PRSD) mission and programme proposals of other donors are also factored into the programme.

3. Mongolia's economic and social sectors, particularly the deteriorating health care system, are only slowly beginning to recover from the severe constraints experienced during the transition from a planned to a market economy. In this regard, the country's main development goal is the eradication of poverty. As the country copes with the process of decentralization and restructuring, the proposed programme will support the Government in broadening the availability, accessibility and acceptability of quality reproductive health services; in developing appropriate information, education and communication (IEC) activities in support of such services; in strengthening national capacity for the collection, analysis and utilization of population-related data for planning, teaching and research; and in promoting a better understanding of the relationship between population and development.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the ICPD, which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Mongolia has a population of 2.4 million people living in an area of 1.6 million square kilometres. Fertility has declined during recent years with the annual population growth falling from 2.9 per cent in the 1970s to 2.0 per cent in 1994. Of the seven indicators used for UNFPA resource allocation, Mongolia has achieved threshold levels in three. However, indicators measuring infant mortality, maternal mortality, contraceptive prevalence and female primary school-age enrollment still

fall below the threshold level, and, as a result, Mongolia is classified as a category "A" country under the new approach for allocating UNFPA resources.

6. Although 99 per cent of deliveries are attended by trained staff, the maternal mortality rate per 100,000 live births increased from 140 in 1989 to 240 in 1993. The main obstacle to reducing this rate is a deterioration of the health care system. The relatively low contraceptive prevalence is estimated, by national sources, to be between 25 and 37 per cent. At the same time, high rates of abortion (23.7 per cent of reported pregnancies) combined with a recent increase of reproductive tract infections (RTIs) and sexually transmitted diseases (STDs) indicate that there is a large unmet need for reproductive health services.

7. In the late 1980s, the collapse of the Soviet Union and its trading system led to disruption in trade and the loss of external assistance, which in turn caused the Mongolian economy to contract by one fifth. In the early 1990s, the transition from a centrally-planned economy to a free- market system necessitated cutting budgets, thereby curtailing the Government's socio-economic initiatives, leading to the collapse of the country's support system of health and social services. As a consequence, a new concept of welfare is emerging whereby the individual can no longer depend on the state to provide the full range of social services.

8. With an annual gross national product (GNP) per capita of $340 in 1994, Mongolia is a low income country. About 36 per cent of the Mongolian population live below the official poverty line. The transitional process has had a disproportionately adverse effect on women who have experienced declining political participation, rising unemployment, increasing domestic violence and family disintegration. The number of female-headed households had risen sharply by 1994 to18.4 per cent of all households, nearly quadrupling from its 1990 level, and some 60 per cent of these households fall below the poverty line. There has also been an increase in the school drop-out rate -- rising to 20 per cent in some provinces.

9. Following endorsement of the ICPD Programme of Action, the Government subsequently adopted an intersectoral population policy in April 1996 that highlighted the relationship between population growth and food supply, housing, education, employment, migration and the family.

Previous UNFPA assistance

10. UNFPA first provided assistance to Mongolia in 1977; the first country programme for the period 1992-1996 was approved for $4 million. However, given very high implementation rates and supplementary funding in the area of maternal and child health and family planning (MCH/FP) to cover emergency obstetric care, essential drugs and contraceptives, total expenditures were approximately $5 million. During this period, the increase in maternal mortality was halted and even decreased slightly in 1995; induced abortions decreased; contraceptives were made more widely

available; and, knowledge of contraceptive use climbed to 88 per cent. However, due to the absence of a contraceptive needs assessment and appropriate management information system (MIS), contraceptive requirements can only be estimated.

11. The existing regional MCH/FP structure is unable to cover the logistics and supervisory needs of reproductive health services at aimag and soum levels. Therefore, a more responsive aimag coordinating system needs to be introduced. The generally uncoordinated and ad hoc nature of decision-making under the previously fragmented donor approach underline the importance of needs assessment and cost-benefit analysis to utilize scarce resources more efficiently. In the previous programme, IEC was successfully integrated into MCH activities using the service providers as IEC agents. This experience of linking IEC producer, provider and client is one that will be utilized in the proposed programme.

12. Despite the adoption of a population policy, there is a general lack of understanding at all levels of Government of the population and development relationship, and integration of population factors into development planning, decision-making and resource allocation remains limited. This is mainly caused by limited availability and use of population data and weak research capacity. Population training for aimag level officials has been limited and seldom linked to their daily work. Although the statistical system is relatively efficient, it is geared towards central planning and fails to meet the needs of a transitional society. The system has also been severely affected by financial and staffing constraints. Continued assistance is needed to transform the system and strengthen capacity towards self-reliance.

Other external assistance

13. Mongolia has seen a rapid growth in the number of donors and an increasing diversity in aid programmes. More than 20 bilateral and 10 international organizations had active projects in 1995. At the Tokyo donors' meeting in February 1996, $212 million of development assistance was pledged for 1996. The health sector received around 30 per cent of the total external aid in 1994. UNICEF's programme that begins in 1997 includes a Safe Motherhood component, and the World Bank is providing $2 million towards reducing maternal mortality. A major bilateral donor, the German Gesellschaft für Technische Zusammenarbeit (GTZ), is currently developing a $2.4 million reproductive health project with an emphasis on training.

14. The National Poverty Alleviation Programme is the major framework under which United Nations efforts to assist Mongolia are currently coordinated. UNDP is concentrating its efforts on poverty eradication. Donor coordination in the area of population will be strengthened by establishing task forces in reproductive health and population and development strategy; undertaking advocacy activities for reproductive health and population within the United Nations' "Poverty

Theme Group"; and institutionalizing a health and population donor consultative group. UNFPA will play a leading role in facilitating these activities, as well as a key role in ensuring that sufficient emphasis is given to reproductive health and other population-related issues within the poverty alleviation programme.

Proposed programme

15. The specific objectives of the proposed programme are to assist the Government in meeting its goals of reducing maternal mortality, abortion and reproductive tract infection rates by 20 per cent over their 1990 level by the year 2001; increasing the contraceptive prevalence rate by 50 per cent by 2001; improving population and development planning at all levels; and achieving a positive understanding among government officials and NGO leaders of the goals of the ICPD Programme of Action. The overall strategy to achieve those goals relies on strong coordination among the Government, NGOs and other donors at both central and aimag level; decentralized capacity building at the aimag level and below; strengthened IEC and advocacy interventions for specific target groups; achieving consensus on a national reproductive health programme and the strategy for its delivery; and setting and monitoring programme indicators to assess needs.

16. Reproductive health. In the area of reproductive health, the sub-programme aims at improving the provision of quality reproductive health services. UNFPA resources will be directed to helping the Government develop a national reproductive health strategy, improving management and training, improving contraceptive supplies and strengthening IEC activities. The provision of services will be demand-driven and focused on improving quality of care. This will be done by strengthening the existing health care system to include a basic reproductive health package at the different levels of service delivery throughout the country. As part of the reproductive health package, a national training strategy and a five-year training plan will be promulgated. This will include practical training tailored to service-provider needs on life-saving skills, RTI/STD management, family planning methods, counseling (including counseling for domestic violence cases) and use of clinical management protocols.

17. Support for a standardized health management information system will help ensure efficient response to client needs. Support will also be given to the 21 aimag public health centres to enable them to function as provincial reproductive health programme coordinators and managers. A key component of the reproductive health package will be an assessment of contraceptive needs and the provision of some contraceptives. As the requirements of the strategy exceed the capacity of UNFPA funding, the Government has approached bilateral donors for support as well. However, in the absence of any firm commitments, UNFPA will undertake to provide funds for the first year of the new programme and will assist the Government in defining strategies for longer-term sustainability.

18. With IEC as a central part of the programme, emphasis will be given to making information and counselling accessible to rural people and specific target groups. Providers at all levels will therefore be trained in interpersonal counseling and on the use of appropriate materials, including how to use a basic IEC kit. Communicators will be trained to develop appropriate audience-specific materials. They will also be instructed on how to plan and run specific advocacy campaigns. IEC interventions will be broadened by helping research and statistical institutes and NGOs to repackage population data in order to inform the general public about the relationship between population and sustainable development, migration and gender. Adolescents, as a priority target group, will benefit from specific messages and counseling services. The existing capacity of some provincial hospitals to provide adolescent reproductive health counselling services will be extended to other hospitals. Support will be given to the Ministry of Science and Education to introduce population education on a trial basis in provincial secondary schools.

19. Population and development strategies. In the sub-programme on population and development the aim will be to further integrate population and gender into national and provincial development planning and to bring Mongolian population data into line with international standards. The proposed strategy is to help achieve self-reliance by the end of the programme period in data collection, population teaching, research and training. The proposed programme will provide technical support, albeit limited, for census preparations and the civil registration system and will support population and sociocultural research. Support will also be given to collecting information required to gauge demand for and monitor provision of reproductive health services and to provide data for research and development planning. Emphasis will be given to training aimag and soum leaders and national officials to integrate population into local development planning, as well as to introduce gender-sensitive analysis of demographic trends for the planning of social services. The programme will strengthen the training capacity of the Department of Population and Public Health and consolidate the teaching and research performance of the Population Research and Training Centre at the Mongolian National University.

20. Advocacy. The main aim of the sub-programme on advocacy is to assist the Government to achieve public support for the population policy and support of policy makers for reproductive health and gender issues. Other specific aims will include: increased male involvement in family planning decisions and in sharing parental responsibilities; increased public awareness of the risks associated with abortion, RTIs, STDs and HIV/AIDS; and increased awareness of domestic violence. Support will be given to the Government in developing an advocacy plan consisting of goals, issues, target audiences, messages and activities -- including media presentations, public seminars, study tours and youth and women's publications. Advocacy will also include publicizing the achievements of previous and ongoing programmes and how they have made a difference to individuals.

Programme implementation, management and coordination

21. There has been no previous experience with national execution in Mongolia and while the capacity for execution is being strengthened, United Nations agencies or international NGOs will be used for the execution of the larger components of the sub-programmes. National implementing agencies in the area of reproductive health will include the Ministries of Health and Social Protection and of Science and Education and aimag governments. For population and development strategies, the Ministry of Health and Social Protection, the Statistical Office, the Civil Registration Bureau, the Mongolian National University and the aimag governments will be key partners. NGOs will be involved according to their presence in specific aimags, and women's NGOs, in particular, will be supported to implement innovative activities. Technical backstopping will be mainly provided by executing agencies with assistance from UNFPA Country Support Teams (CSTs) and national consultants; activities in response to specific needs will be addressed by short-term consultants and United Nations Volunteers. For the sub-programme on reproductive health a resident adviser will be contracted.

22. In accordance with UNFPA procedures and regulations the programme will have a mid-term review and annual sub-programme reviews. Qualitative and quantitative indicators will be used to monitor impact and to guide programme management decisions. Baseline information collected through the reproductive health survey, the data resulting from the establishment of an efficient MIS and the feedback from IEC activities will facilitate this process. General indicators to assess the reproductive health programme will derive from the goals set out in the national reproductive health strategy, but specific indicators (such as those covering quality of care) will be identified within the sub-programme documents.

23. Coordination within the Government will be ensured through the establishment of an "Inter-sectoral Population and Development Committee" supported by two central task forces -- one focused on reproductive health, IEC and advocacy; and the other on population and development, including related advocacy. The task forces will consist of representatives from implementing ministries, relevant NGOs and donor agencies. In view of the decentralized programme implementation, task forces will be established in each aimag with responsibility for coordination of population advocacy and reproductive health activities. They will contain representatives from aimag governments, public health centres and relevant NGOs. Each aimag task force will link with other programmes, particularly the national poverty alleviation programme. UNFPA will play a leading role in these task forces by supporting their establishment and their regular meeting. It will provide advice for developing the national reproductive health strategy and IEC plans and setting research priorities.

Recommendation

24. The Executive Director recommends that the Executive Board approve the programme of assistance for Mongolia, as outlined above, in the amount of $9.3 million over the period 1997-2001, $6 million of which would be programmed from UNFPA's regular sources, to the extent such resources are available, and the balance of $3.3 million would be sought from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.